<u> </u>	ssaksanı.	18.62. · 18.	7	· 44.	(. r	- ننٺ	<u>:-:::</u>	والهروبين والمراكية	د زند	إزجاري أنطفكات	fürferen.	res en
``\ .:	PATENT A			TERMINA er 1, 2000	ATION RECOF	RD . ⊖	i	plication 964	96 76	cket Num	301	
		Claims as	FILED -		otuma 2)	SMAL		Mix	ų:	OTHER SMALL		(v. ·
70	TAL CLAIMS		. 12			RA	ΤE	FEE	. [RATE -	FEE	1
FOR			NUMBER	ILEO . NI	AMBER EXTRA	BYEK	FEE	355.00	OR	ASIC FEE	710,00	
TOTAL CHARGEABLE CLAIMS			/2 .mln	us 20-		XS	9 -		:. OR	X\$18=	intiga.	137
INDEPENDENT CLASMS			14 5 mi	e Beun	ed clamani	· · · · · · · · · · · ·	8;	100000	ŎŖ	X80-"	SO'T	واذب
MULTIPLE DEPENDENT CLAIM P			ESENT			+13	S=		OR	+270=.	· · · · ·	(() .
f if the difference in column 1 is less than zero, enter "0" in column 2						. 101			OR	TOTAL	790	
٠.		LAIMS AS A		11 (12 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14	i e de e gazina e na La compania de la co		. 41	ENTITY	OR	OTHER	THAN	. 1433 1443 1443
MTA		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	-20	•	X 4	(F)		OR	X\$18=		
MENDMENT	Independent	• 5	Minus	••• 14	•	从	a	χ	OR	X80-	201	.
∠	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT CL	AIM	+1) K-		OR	+270=	- X X -	1
							OTAL			TOTAL ADOIT, FEE		
	•	(Column 1)	• -	(Column							1881	•
AMENDMENT B		REMARKING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	PRESENT LY EXTRA	₽₽	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	•	Minus	••	8	X	9 =		OR	X\$18=		
	Independent	•	Minus	•••	-	X4	10 -		OR	X80=		
匚	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CL	AIM	1 +1	35=		OR	+270=		
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		(Column 1)		(Column	2) (Column 3)						•	<u>:</u>
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R PRESENT EXTRA	R	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	

If the entry in column 1 is less then the entry in column 2, write "0" in column 3, If the Trighest Number Previously Paid For" IN THIS SPACE is less then 29, enter "20." "If the Trighest Number Previously Paid For" (Notel or Independent) is the highest number it." The Trighest Number Previously Paid For" (Total or Independent) is the highest number it.		OR ADD	
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Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X\$18-

X80-

+270=

FORM PTO-876 (Rev. 8/00)

Total

*U.S. GPO: 2000-460-708/20125

TEST AVAILABLE COPY

X\$ 9=

X40=